

GENERAL FACT SHEET

10-9

BILL NUMBER

BRIEF TITLE

Lease Agreement

APPROVAL DEADLINE

REASON

Aging Partners / Personal & Family Services
office space located at 370 N. 5th Street
David City, NE 68632

DETAILS

POSITIONS/RECOMMENDATIONS

Approving the Agreement between Slick Graphics, David City and Aging Partners Personal & Family Services for leased space.	Sponsor	Finance/Accounting
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant - DeLayne Peck Division Administrator Personal & Family Services City Department - Aging Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
FINANCES		
	COST AND REVENUE PROJECTIONS	<div style="display: flex; justify-content: space-between;"> COST of total project: \$ 3,000 </div> <div style="display: flex; justify-content: space-between;"> COST of this Ordinance/ Resolution \$ 3,000 </div> <hr/> <div style="display: flex; justify-content: space-between;"> RELATED annual operating Costs \$ </div> <hr/> <div style="display: flex; justify-content: space-between;"> INCREASE REVENUE EXPECTED/YEAR \$ </div>
	SOURCE OF FUNDS	CITY [Approximately] <hr/> \$ _____ % ____ <hr/> \$ _____ % ____ <hr/> \$ _____ % ____ <div style="display: flex; justify-content: space-between;"> 2009-2010 \$ 3,000 % 100 </div> <div style="display: flex; justify-content: space-between;"> Aging MC Budget \$ _____ % ____ </div> <div style="display: flex; justify-content: space-between;"> 06/09 \$ _____ % ____ </div>
	BENEFIT COST	<input type="checkbox"/> Front Foot Average Assessment <input checked="" type="checkbox"/> Square Foot \$ <u>12.10 a day x 248</u> \$ <u>15.00 sq. ft</u> <u>200</u>

APPLICABLE DATES: 03/1/2009 - 02/28/2010

FACT SHEET PREPARED BY: Deborah Baines, Office Specialist/LAAA

REVIEW BY:

REFERENCE NUMBER